

The undersigned, duly authorized representative of:

Date:

Washington State Department of Agriculture Warehouse Audit Program P.O. Box 11559, Parkwater Station Spokane, WA 99211 (509) 533-2488 Fax: (509) 533-2486

Does hereby certify that sufficient insurance is provided

Certificate of Issuance of Insurance On Washington Bonded Warehouse

to fully insure all commodities in storage on the premises listed hereunder for the full market value as required in Chapter

22.09.110 RC\	Ν.							
			Signature	of Authorize	d Represe	ntative:		
	Title:							
State No.	Location		Limit of Insurance		If Limit of Insurance shown is "Less Limit all Property", specify minimum amount of insurance that will be available for <i>Inventory only</i>			
Policy Number(s)		Insurance Company		Policy Effective		Policy Expires	% of Liability Assumed	
TOTAL:								
	e the Dire	ctor	of Agriculture notice of s				y, prior to the expiration ed mail at least thirty (30)	

The undersigned does hereby certify that he is duly authorized by each of the above named insurance companies to issue

Dated this

Signature of Agent:

Αt

day of

, Washington

this certificate to the Director of Agriculture for and on behalf of said insurance companies.